

Part 9: Bureau of Quality Improvement Services

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Section 9.1: Overview

The Bureau of Quality Improvement Services (BQIS) within the Division of Disability and Rehabilitative Services (DDRS) is responsible for developing and implementing quality improvement and quality assurance systems to assure the health and welfare of individuals receiving Medicaid Home and Community Based waiver services. BQIS activities include developing policy, conducting provider compliance reviews, complaint investigations, mortality reviews, and managing the state's automated system for reporting incidents of abuse, neglect, and exploitation.. [Information about BQIS](#) can be found at in.gov/fssa/ddrs under Bureaus.

Section 9.2: Provider Compliance Reviews

BQIS is responsible for assuring that the providers of Supportive Living Services are in compliance with Indiana Administrative Code and DDRS Policies, and therefore continue to meet the waivers' qualifications to provide services. BQIS fulfills this oversight function by conducting provider compliance reviews.

The Compliance Evaluation and Review Tool (CERT) is designed to capture provider compliance with Indiana Administrative Code and DDRS Policies in the following focus areas:

- The provider meets qualifications for waiver services being delivered;
- The provider has policies and procedures to ensure the rights of individuals, to direct appropriate services, and to support and manage employees;
- The provider maintains employee information confirming key health, welfare and training issues (this includes validating that the provider conducts criminal background checks) ; and
- Quality assurance and quality improvement.

All providers are required to go through a provider compliance review within 12 months of being approved to provide waiver services. Depending on providers' accreditation status, providers may be required to go through subsequent provider compliance reviews at least once every three years.

Provider compliance reviews take place onsite. Following the review, providers receive a report of findings and a request to develop a corrective action plan which BQIS will validate is being implemented. Aggregated CERT findings are routinely updated in the DDRS Quarterly Communication.

There are two different versions of the CERT – one for non-direct, ancillary service providers, and another for all other types of providers. As DDRS continues to issue new policies the CERT will be updated accordingly.

Copies of the CERT Guides, findings templates, and a process map are available on the BQIS web page under the “Compliance Evaluation and Review Tool” category.

<http://www.in.gov/fssa/ddrs/2635.htm>

Indiana Code requires all residential habilitation, day program, and case management providers to be accredited by any of the following accreditation entities:

- The Commission on Accreditation of Rehabilitation Facilities (CARF)
- The Council on Quality and Leadership in Supports for People with Disabilities (CQL)
- The Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- The ISO-9001 Quality Management System
- The Council on Accreditation (COA)

Residential and day program providers may choose to obtain accreditation for other waiver services that they are approved to provide, however this is not required.

Some accreditation entities accredit the organization, whereas others allow providers to select the services they wish to accredit. BQIS will not conduct compliance reviews on any accredited services. This means if a provider chooses to accredit only some of its services, BQIS will continue to conduct provider compliance reviews on all of the provider’s non-accredited services.

All services will be reviewed at least once every three years, either by BQIS or the accreditation entity of the provider’s choosing.

Section 9.3: Incident Reports

Incident Reporting

BQIS is responsible for managing DDRS’s Incident Reporting System. Providers are responsible for reporting incidents through the state’s web-based system, the Incident Review and Follow-up Reporting Tool (IFUR). Reportable incidents are defined as: Any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual or death of an individual. According to Indiana Administrative Code and DDRS policy, the following types of events are reportable:

- Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. This includes physical, sexual, emotional/verbal, and domestic abuse. An incident in this category shall also be reported to Adult Protective Services or Child Protection Services as applicable. The provider shall suspend staff involved in an incident from duty pending investigation by the provider.
- Peer to peer aggression that results in significant injury.

- Death of an individual. A death shall also be reported to Adult Protective Services or Child Protection Services as applicable. If death is a result of alleged criminal activity, the death must be reported to law enforcement.
 - Structural or environmental issues with a service delivery site that compromise the health and safety of an individual. Fire that jeopardizes or compromises the health or welfare of an individual
 - Elopement of an individual that results in evasion of required supervision as described in the ISP as necessary for the individual's health and welfare.
 - Missing person when an individual wanders away and no one knows where they are
 - Alleged, suspected or actual criminal activity by: a staff member, employee, or agent of a provider; or an individual receiving services.
 - An emergency intervention for an individual resulting from a physical symptom, a medical or psychiatric condition, or any other event.
 - Injury to an individual when the origin or cause of the injury is unknown and the injury requires medical evaluation or treatment.
 - A significant injury to an individual, including but not limited to:
 - a fracture,
 - a burn greater than first degree,
 - choking that requires intervention,
 - bruises or contusions larger than three inches or lacerations requiring more than basic first aid,
 - any puncture wound penetrating the skin,
 - any pica ingestion requiring more than first aid
 - A fall resulting in injury, regardless of severity of the injury.
 - A medication error, except for refusal to take medications including the following:
 - Medication given that was not prescribed or ordered for the individual, or wrong medication.
 - Failure to administer medication as prescribed, including: incorrect dosage, missed medication, wrong route, and failure to give medication at the appropriate time.
 - Medication error that jeopardizes an individual's health and welfare and requires medical attention.
 - Use of any aversive technique including but not limited to:
 - Seclusion,
 - Painful or noxious stimuli,
 - Denial of a health related necessity,
 - Other aversive technique identified by DDRS Policy.
 - Use of any PRN (as needed/when necessary) medication related to an individual's behavior.

- Use of any physical or mechanical restraint regardless of whether it was planned, was approved by a Human Rights Committee, or if there was informed consent.

The full incident reporting policy can be referred to at:

http://www.in.gov/fssa/files/Incident_Reporting_and_Management.pdf

Additional information about incident reporting is available on the BQIS Incident Reporting web page: <http://www.in.gov/fssa/ddrs/3838.htm>

Section 9.4: Complaints

The BQIS Quality Vendor is responsible for operating the DDRS Complaint System for consumers receiving Supportive Living Services from the Family Support Waiver (FSW) or Community Integration and Habilitation (CIHW).

By definition, complaints are broad in type and scope and can be specific to either one individual, a group of individuals, or a provider. DDRS does not intend for complaints to replace any of the waivers' primary systems established to routinely monitor and assure individuals' health and welfare, specifically the state's case management and incident reporting systems. Instead, the complaint system is meant to provide individuals, their families/guardians, providers, and community members an additional venue for identifying and addressing issues when day-to-day monitoring activities have been, or appear to be, ineffective in assuring an individual's health and safety.

In order to give the system an opportunity to work, BQIS encourages complainants with individual-specific issues, who have not already done so, to approach their case managers to try and resolve the issue first. If this has not produced the desired outcome, the complainant can contact BQIS again to file a complaint. When requested, complainants can choose to be anonymous.

BQIS's Quality Vendor reviews and categorizes all initial complaints as urgent, critical, or non-critical and assigns a complaint investigator to investigate the case within specified time parameters. Certain circumstances may require BQIS to contact Adult Protective Services/Child Protective Services, local law enforcement, and/or the provider to take immediate measures to assure the individual's health and welfare.

It should be noted that BQIS's Quality Vendor conducts all activities related to complaint investigations on an unannounced basis. Depending on the nature of the complaint, investigation activities may include:

- Conducting site visits to the individual's home and/or day program site.

- Conducting one-on-one interviews with individual receiving services and/or their staff, guardians, family members and any other people involved in the issue being investigated.
- Requesting and reviewing of documents/information from involved providers.

When complaint allegations are substantiated, BQIS's Quality Vendor will request the provider to develop a corrective action plan which BQIS will later validate the provider is implementing. To obtain specific information related to the investigation process you may refer to the BQIS Complaint Policy at http://www.in.gov/fssa/files/BQIS_Complaints.pdf.

Currently, complaints can be filed via email - BQIS.Help@fssa.in.gov or through the BQIS toll free phone number 1-866-296-8322.

Section 9.5: Mortality Reviews

BQIS is responsible for conducting mortality reviews for all deaths of individuals that received DDRS-funded services, regardless of service setting. Providers are required to report all deaths through the Incident Reporting System.

BQIS's Quality Vendor is responsible for conducting the mortality review process which begins when BQIS's Mortality Review Triage Team (MRTT) requests and reviews medical history and other related documentation for all deceased individuals. Reviews involve discussion of events prior to the death, supports/services in place at the time of death, documentation received, whether additional documentation is needed for review, and whether the death should be presented to the Mortality Review Committee (MRC) for further review and discussion. Any death can be brought before the MRC for discussion at the request of the members, the BQIS Director, or other DDRS staff that has a concern.

The MRC is facilitated by the BQIS Quality Vendor's Director of Incident Management and the BQIS Mortality Review Physician. Committee members include representatives from Adult Protective Services, the Department of Health, the Office of Medicaid Policy and Planning, the Indiana Coroner's Association, the Statewide Waiver Ombudsman, DDRS General Counsel, BDDS field service staff, and community advocates.

Based on their discussion, the MRC makes recommendations for systemic improvements such as developing new DDRS policy, revising policy, training, or sharing key information through the DDRS Quarterly Communication. The MRC also makes provider-specific recommendations for BQIS complaint investigators to review key areas of a provider's system that appear to have not been in place or to have been ineffective at the time of an individual's death. Providers may be required to develop corrective action plans to address identified issues and to prevent other individuals from experiencing negative outcomes.

Refer to the DDRS Mortality Review Policy at [http://www.in.gov/fssa/files/Mortality_Review\(1\).pdf](http://www.in.gov/fssa/files/Mortality_Review(1).pdf) for further information regarding mortality reviews and the Mortality Review Committee.

Section 9.6 National Core Indicator (NCI) Project

At the beginning of fiscal year 2013, DDRS began participating in the NCI Project. This national research project, administered through the Human Services Research Institute and the National Association of Developmental Disabilities Directors, was developed to obtain a standardized set of consumer outcome measures for community based services. NCI project Information is designed to be captured through face-to-face consumer satisfaction interviews. BQIS complaint investigators conduct these interviews across the state with individuals selected based on representative, random samples from each of DDRS's waivers. Participation in this project will allow DDRS to make comparisons with other states providing waiver services across the country.

Section 9.7: Statewide Waiver Ombudsman

The role of the statewide waiver ombudsman is to receive, investigate and attempt to resolve complaints and concerns that are made by or on behalf of individuals who have an intellectual/developmental disability and who receive HCBS waiver services.

Complaints may be received via the toll free number 1-800-622-4484, via e-mail, in hard copy format or by referral.

Types of complaints received include complaints initiated by families and/or participants, complaints involving rights or issues of participant choice, and complaints requiring coordination between legal services, operating agency services and provider services.

The ombudsman is expected to initiate contact with the complainant as soon as possible once the complaint is received. However, precise timelines for the final resolution of each complaint are not established. While it is expected that the ombudsmen diligently and persistently pursue the resolution of each complaint determined to require investigation, it is recognized that circumstances surrounding each investigation vary.

Timeframes for complaint resolution vary in accordance with the required research, in the collection of evidence and in the numbers and availability of persons who must be contacted, interviewed, or brought together to resolve the complaint. The DDRS Director is responsible for oversight of the statewide waiver ombudsman.

With the consent of the waiver participant, the ombudsman must be provided access to the participant records, including records held by the entity providing services to the participant. When it has been determined the participant is not capable of giving consent, the statewide waiver ombudsman must be provided access to the name, address and telephone number of the participant's legal representative.

A provider of waiver services or any employee of a provider of waiver services is immune from civil or criminal liability and from actions taken under a professional disciplinary procedure for the release or disclosure of records to the statewide waiver ombudsman.

A state or local government agency or entity that has records relevant to a complaint or an investigation conducted by the ombudsman must also provide the ombudsman with access to the records. The statewide waiver ombudsman coordinates his or her activities among the programs that provide legal services for individuals with an intellectual/developmental disability, the operating agency, providers of waiver services, and providers of other necessary or appropriate services, and ensure that the identity of the participant will not be disclosed without either the participant's written consent or a court order.

At the conclusion of an investigation of a complaint, the ombudsman reports the ombudsman's findings to the complainant. If the ombudsman does not investigate a complaint, the ombudsman notifies the complainant of the decision not to investigate and the reasons for the decision.

The statewide waiver ombudsman prepares a report at least annually (or upon request) describing the operations of the program. A copy of the report is provided to the governor, the legislative council, the operating agency and the members of the Indiana Commission on Developmental Disabilities. Trends are identified so that recommendations for needed changes in the service delivery system can be implemented.

The operating agency is required to maintain a statewide toll free telephone line continuously open to receive complaints regarding waiver participants with intellectual/developmental disabilities. All complaints received from the toll free line must be forwarded to the statewide waiver ombudsman, who will advise the participant that the complaint process is not a pre-requisite or a substitute for a Medicaid Fair Hearing when the problem falls under the scope of the Medicaid Fair Hearing process.

A person, who intentionally prevents the work of the ombudsman, knowingly offers compensation to the ombudsman in an effort to affect the outcome of an investigation or a potential investigation; or knowingly or intentionally retaliates against a participant, a client, an employee, or another person who files a complaint or provides information to the ombudsman; commits a Class B misdemeanor.